

THE STEPPINGSTONE 5k — SINGLE PARTICIPANT REGISTRATION FORM

Please Provide the Following Information

NAME: _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ HOME PHONE: _____
EMAIL ADDRESS: _____
DATE OF BIRTH: _____ AGE ON DATE OF RACE: _____

If you are assisting someone in a wheelchair only one person needs to be registered.

I am unable to participate but wish to make a donation to the Steppingstone 5k for \$: _____

Waiver & Release: By participating in the Steppingstone 5k Run & Walk-a-thon, I hereby for myself and anyone entitled to act on my behalf release SEVTC, State of Virginia, all sponsors, representatives and successors for all claims and/or liabilities of any kind arising out of my participation in this event. I understand this race is not intended for strollers, baby joggers or dogs. I give permission to use any photos, videos or recordings of this event for any legitimate purpose, to included annual report and newsletter. Children under 18 must have a parent's signature.

Signature: _____ Date: _____

Select an Event to participate in:

☐ 5K RUN (CHIP TIMED) - \$25 ☐ 5K WALK (CHIP TIMED) - \$25 ☐ 1 MILE RUN/WALK - \$5

Personal Chip ID#: _____ Male ☐ Female ☐

Please make Check out to: THE STEPPINGSTONE 5k

The official 2008 5K Run and Walk-a-thon T-shirt is guaranteed for the first 250 registered

My T-shirt size is: ☐ Adult Small ☐ Adult L ☐ Adult 2XL
 ☐ Adult Med. ☐ Adult XL ☐ Adult 3XL

Please print this form, fill it in, and mail with check to:

Southeastern Virginia Training Center
ATTN: Sarah Adams
Cottage 4C
2100 Steppingstone Square
Chesapeake, VA 23320

Or

SUBMIT ON DAY Of RACE